



2011 Military Health Systems Conference

Wounded Warriors: Challenges and Care Coordination



Warrior Transition
Brigade
LTC Jean Jones
Senior Nurse Case Manager

Warrior Transition Units

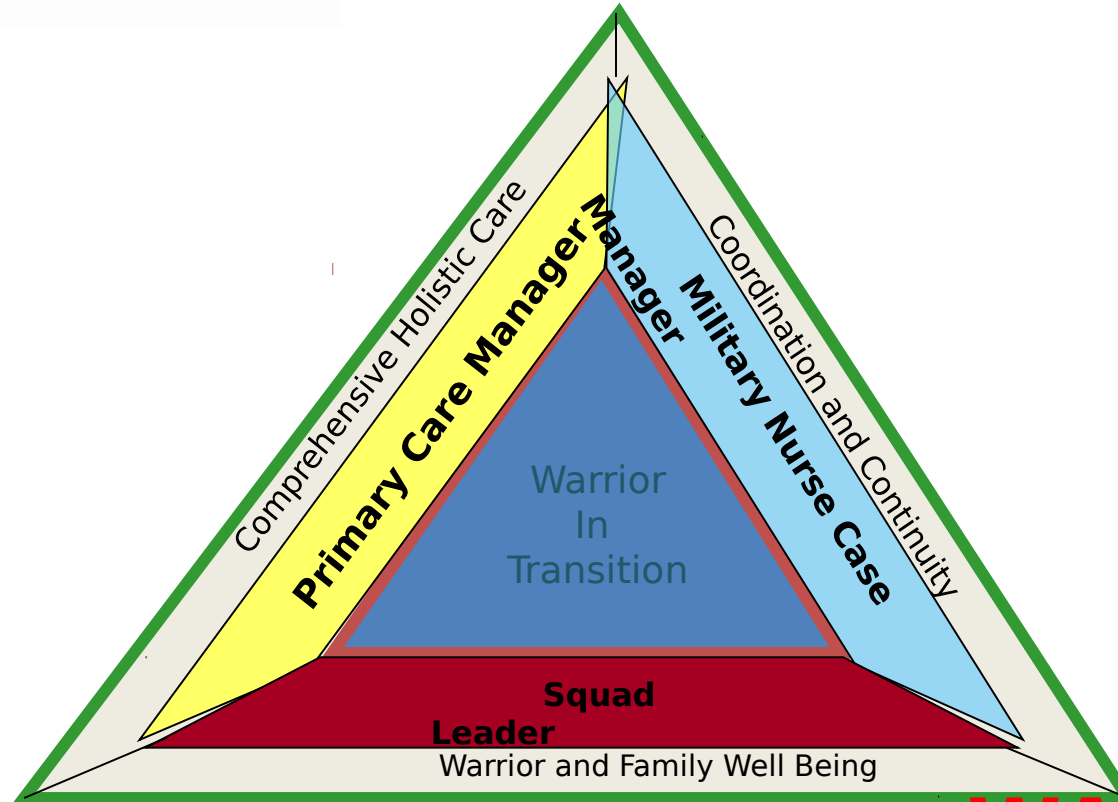
- Mission

- To facilitate the healing and rehabilitation of Soldiers, return them to duty when possible, or to prepare them for a successful life as a veteran in their communities.
- 36 WTUs
- 9 Community Based Warrior Transition Units

WARRIORS 
 

WARRIOR TRANSITION 

Triad of Care



Holistic Care Foundation

Social Work Services, Occupational Therapy, Physical Therapy,

AW2, Federal Recovery Coordinators,

Soldier and Family Assistance Center (SFAC), and Chaplains

WARRIORS F

WARRIOR TRANSITI

Nurse Case Manager

- Provide Care Coordination for Warrior and Family.
 - Assistance with navigating the Military Health Care System
 - Appointment management
 - Referral Coordination
 - Risk Assessments
 - Evaluation of Care
 - Advocacy
 - Education
 - Family Integration
 - Communication
 - Expectation Management

WARRIORS FOR



WARRIOR TRANSITION



Primary Care Manager

- Provide overall management of medical care activities.
 - Overall medical management of Warrior
 - Coordination with medical specialists
 - Referral Management
 - Referral Coordination
 - Risk Assessments
 - Evaluation of Care
 - Advocacy
 - Education
 - Medical Board Referral
 - Expectation Management

WARRIORS F



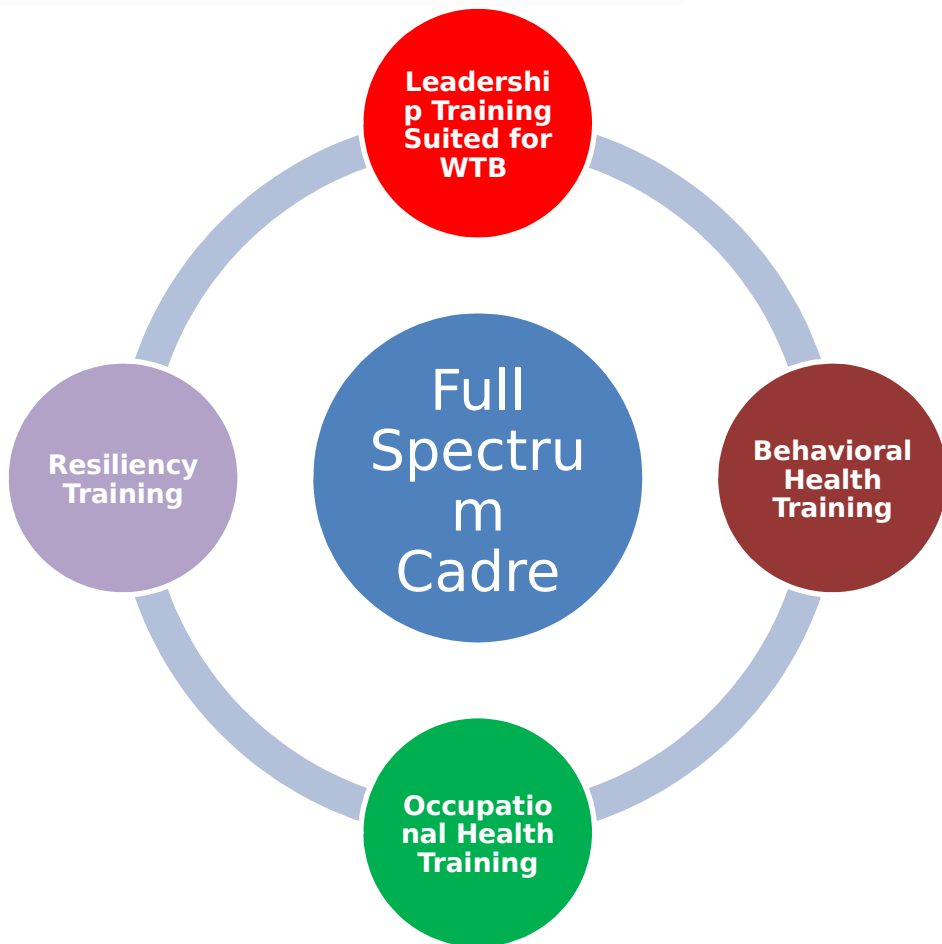
WARRIOR TRANSITION



Squad Leader

- Interfaces daily with Warrior and the Warrior's Nurse Case Manager
 - First line supervisor
 - Assists Warrior with moving through the Military Health Care System
 - Facilitates all administrative issues for the Warrior and Family
 - Assists Warrior's Family with integrating into the Warrior Transition Brigade and the Military Health Care System
 - Expectation Management
- WARRIORS F**
WARRIOR TRANSITION

Full Spectrum Training





Soldier and Family Assistance Center

- Provide and coordinate various resources and services for Wounded Warriors receiving medical care and their Families.
 - Finance
 - Emergency Financial Assistance
 - ID Cards – DEERS
 - Travel Services
 - Military Personnel
 - Lodging
 - TSGLI Assistance
 - Social Service Administration
 - Veterans Briefings and VA Assistance
 - Legal Assistance
 - Sister Service Liaison

WARRIORS F

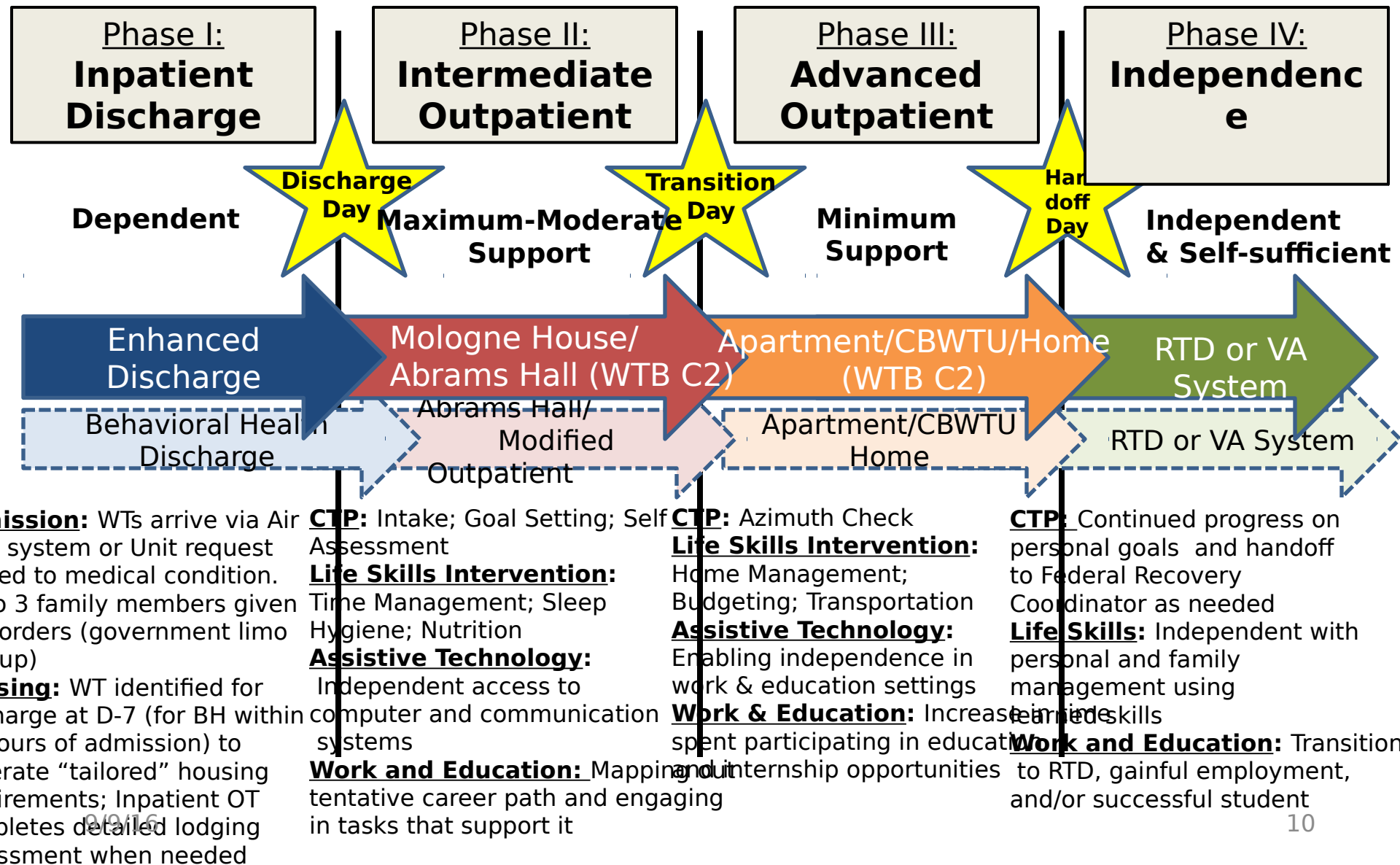


WARRIOR TRANSITION

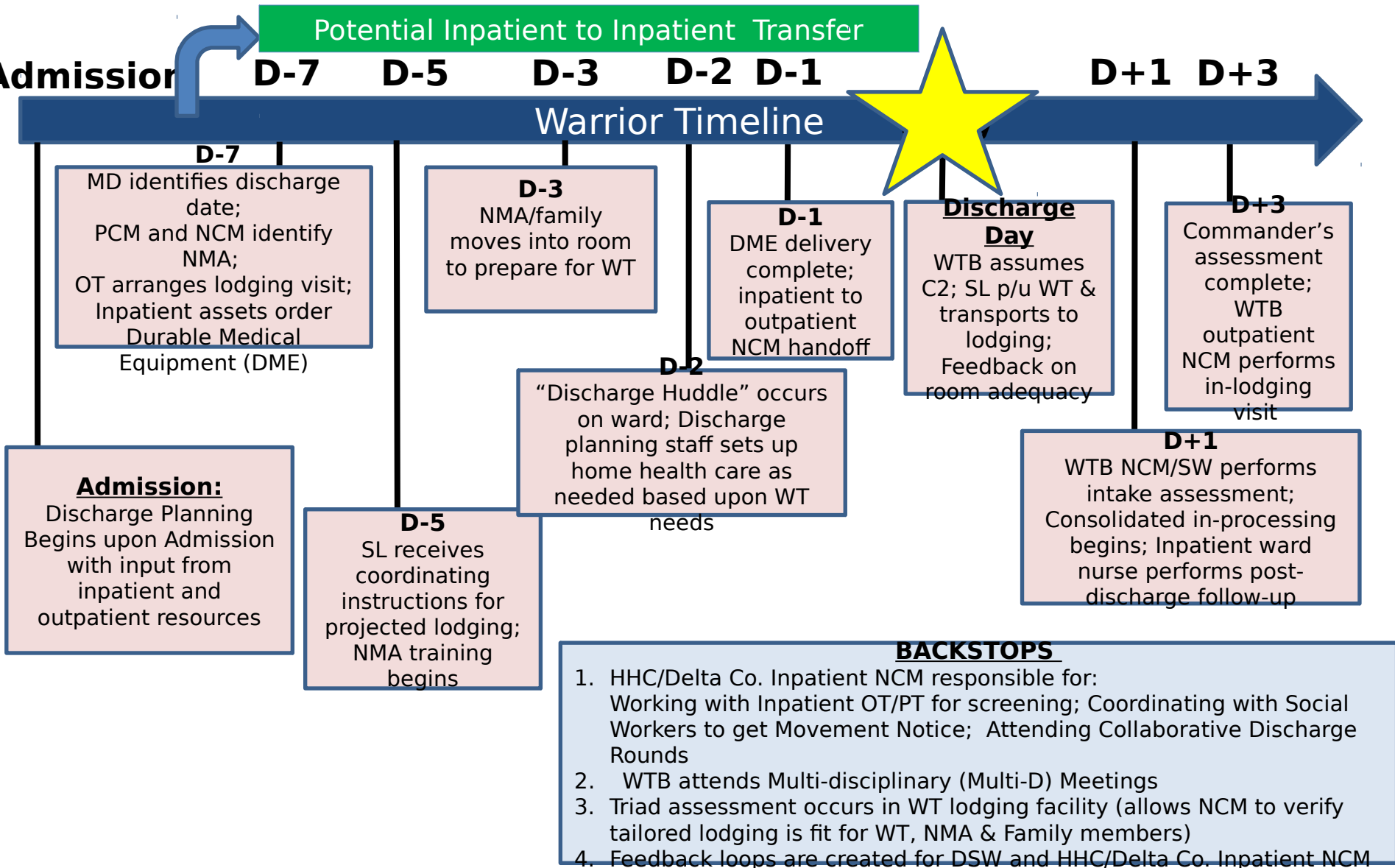


WTB Warrior Lifecycle

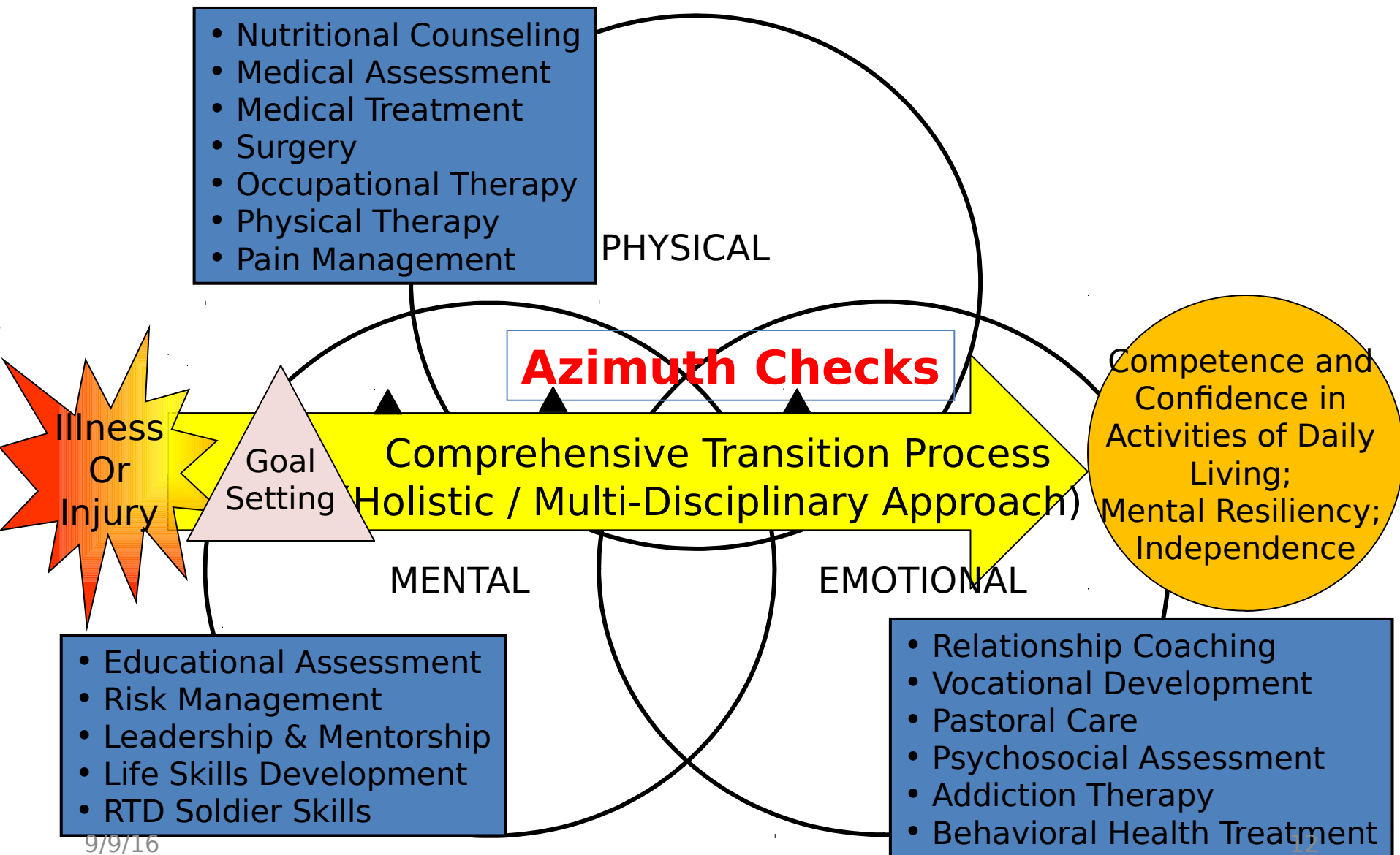
“Full Spectrum Discharge Process”



Best Practice: Enhanced Discharge Process



Phase II & IV: Intermediate/Advanced Outpatient Comprehensive Transition Process



Automated Comprehensive Transition Plan

WT Demographic InfoOptions

Pim, Stuart Nelson (stuart.pim)[Active]

SSN: ***-**-5555
Rank: E-3 PFC
AOC/MOS: 81B
COMPO: 3 - Reserve
DOB: 4/4/1962
Gender: Male
Home Address: 123 Main St
City: Hometown
State: IA
Zip: 50265
Home Phone: 555.555.5555
Cell Phone: 706.555.1212

Alternate POC Name: Next of Kin Name
Alternate POC Phone: Next of Kin Phone
Duty Phone:
Duty Phone Ext:
Reason for WTU Entry: POST-DEPLOYMENT
WTU Start Date: 1/28/2010
Target Transition Date:
Wounded in Action: No
RMC: NRMC
WTU / CBWTU: Fort Vienna
Assignment: C CO 5th PLT 4th SQ

WT Self-AssessmentsOptions

ColumnsViewsFilters

Assigned	Completed	Status	ADLs	Adm	Bhv Hlth	Care Coord	Ed	Emp	Fam	Fin	Hlth Care	Hou	Med	Pain	Soc	Tran	Tr - Port	Well Bng	Work Plan
Jan 28, 2010		Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WT Self-Assessment Action PlansOptions

ColumnsViewsFilters

Category	Current Assessment	# Completed Items	# Total Action Items	# Active Tasks
ADLs	<input type="checkbox"/>	0	0	0
Administrative	<input type="checkbox"/>	0	0	0
Behavioral	<input type="checkbox"/>	0	0	0
Health	<input type="checkbox"/>	0	0	0
Care	<input type="checkbox"/>	0	0	0
Coordination	<input type="checkbox"/>	0	0	0
Education	<input type="checkbox"/>	0	0	0
Employment	<input type="checkbox"/>	0	0	0
Family	<input type="checkbox"/>	0	0	0
Financial	<input type="checkbox"/>	0	0	0
Health Care	<input type="checkbox"/>	0	0	0
Housing	<input type="checkbox"/>	0	0	0
Medication	<input type="checkbox"/>	0	0	0
Pain	<input type="checkbox"/>	0	0	0
Social	<input type="checkbox"/>	0	0	0
Transition	<input type="checkbox"/>	0	0	0
Transportation	<input type="checkbox"/>	0	0	0
Well-Being	<input type="checkbox"/>	0	0	0
Work Plan	<input type="checkbox"/>	0	0	0

Available ActionsOptions

1. Start Risk Assessment

2. Update Demographics

3. Generate WT Handbook

4. Record WT Process Note

5. Out-Process WT

6. Cancel WT Process

Re-Assignment OptionsOptions

1. Update User Roles

2. Change WT Assignment

WT Risk AssessmentsOptions

ColumnsViewsFilters

Assigned	Commander	SL	SW	NCM	PCM
Jan 28, 2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scrimmage & Goal SettingOptions

ColumnsViewsFilters

Career Track	Goal Setting Method	Career Outcome Goal

WT Process LogOptions

ColumnsViewsFilters

Added By	Comment	Added On
	No results	

Holistic Approach to Warrior Care

Occupational Therapy



Service Dogs



Warrior Games



Assistive Technologies



WARRIORS
WARRIOR TRANSIT

Warrior Knowledge Center

This webpage is currently under development and your feedback is important to create a webpage that is useful to all Warriors in Transition, Family and Friends. Thank You



Phonebook



S.O.S.



Welcome Center



Comprehensive
Transition Plan (CTP)



Social Networking



Family Support



Getting Around
Locally



Travel and
Transportation



MEB / PEB



Appointment
Scheduling



Health



Benefits

Families and the Reintegration Process

- Inpatient Family Assessments
- New Warrior and Family Orientation
- Outpatient Care
 - Support Groups
 - WTB Social Work Services
 - Computer Assisted Therapies



WARRIORS F



The Warrior and Family System

TRANSITION

WARRIORS FIRST! TRANSITION BRIGADE

Lessons Learned



- Warriors and their Family are a System
- Expectation Management
- Warriors
 - Reintegration begins upon entry
 - It takes a Team
 - Multiple options
 - Embrace new normal early
 - Empowerment is key
- Families
 - Provide support early and often
 - Create trust environment with Families
 - Children deserve special care
 - Listen

I am a Warrior in Transition

My job is to heal as I transition back to
duty or continue serving the nation
as a veteran in my community.

This is not a status, but a mission.

I will succeed in this mission because

**I AM A WARRIOR AND I AM ARMY
STRONG**

Effective Handoffs and Individualized Care Plans

- Warrior Transition Units
- Triad of Care
- Non-Clinical Case Management
 - Squad Leader
 - Company Commander
 - Soldier and Family Assistance Center
 - Army Wounded Warrior Program
 - Federal Recovery Coordinator
- Interface with Clinical Case Management and Primary Care Managers
- Effective Handoffs

WARRIORS F

WARRIOR TRANSITI


Company Commander

- Provides Command and Control of Warriors
- Responsibilities include:
 - Unit readiness including Warrior safety and Family Re-integration
 - Risk Mitigation
 - Warrior Transition
 - Morale
 - Discipline
 - Physical Fitness

WARRIORS FOR



WARRIOR TRANSITION



Key Handoffs

- Discharge from Inpatient
 - Lodging
 - Inprocessing - finance, order issue, training
 - Family integration, TSGLI
- Outpatient Management
 - MEB / DES process
 - Benefit and Legal Assistance
 - Veteran Administration Benefits
 - Community Resources
 - Work and Education Planning
- Transition to Independence
 - Community Resources
 - Internships
 - Education Programs
 - Housing
 - VA Claims
 - VA Vocational programs

WARRIORS FOR



WARRIOR TRANSITION



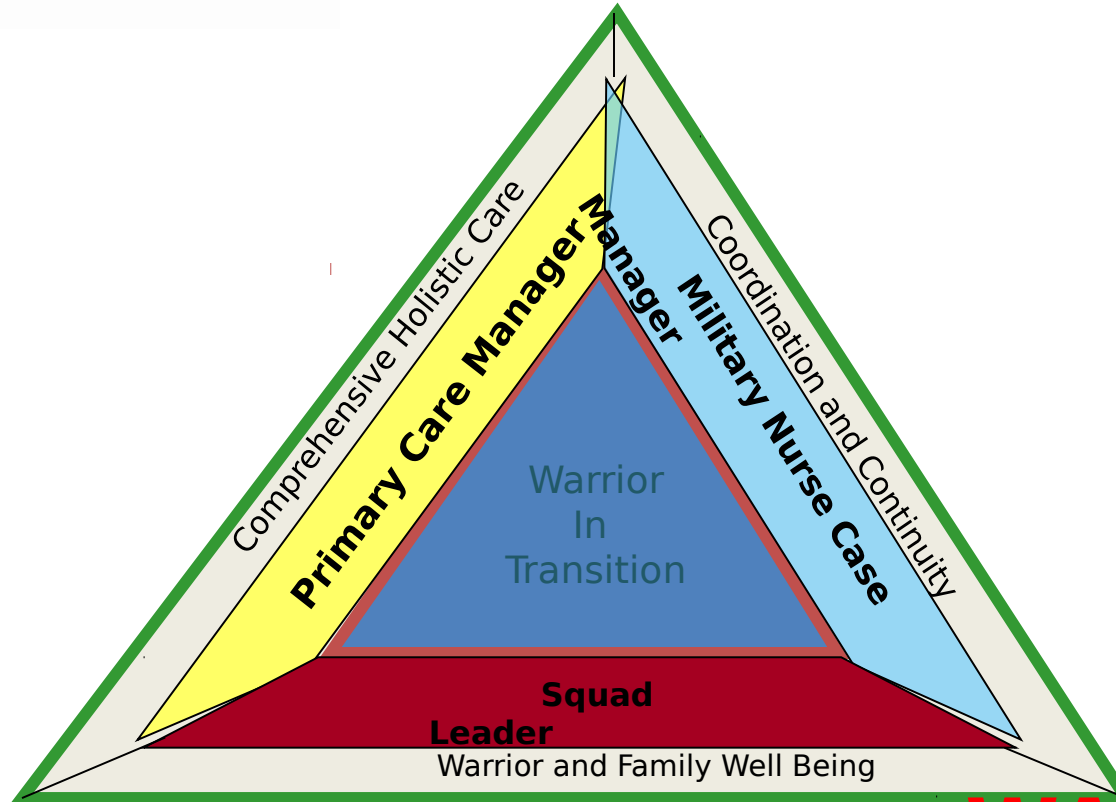
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Effective Handoffs and Individualized Care Plans



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WARRIOR TRANSITI

Phase I: Behavioral Health Discharge Process (Inpatient)

Admission

(+ 48 hrs)

D-4 to D-2

D-3

D-2

D-1

D+1

D+2

D+3

D+14

Warrior Timeline

D-Day

D-4 to D-2

WTB Triad meets with inpatient team to discuss discharge requirements (as needed); BH training requirements identified for WTB Cadre and NMA; Occupational therapy training requirements identified for WTB Cadre and NMA if WT has other injuries or illness limitations; Equipment ordered, if needed (i.e. EMMA)

Admission (+48 hrs):

WTB NCM/SW attends Inpatient Discharge Team Meetings on Mon/Thurs; Tentative D-day Identified by Inpatient Treatment Team (and need for NMA). Request for lodging sent to WTB S4 or MH DSW (OT for other injuries/illnesses); WTB NCM forwards potential D-day to Triad

D-3 to D-1

In collaboration with WRAMC Psychiatry, OT, and WTB, WTB Cadre and NMA training conducted. Lodging Secured. Discharge safety plan reviewed by BDE CDR (if needed); Recommendations implemented/ additional assets requested based on WT needs

D-2

If additional assets required but none available, decision to keep as inpatient (CMD-directed) made by WTB & WRAMC CDRs; Inpatient Treatment Team notified and issue discussed with WT

BACKSTOPS

WTB assigns 1 x NCM & SW and C2 element to attend Monday and Thursday Inpatient BH Discharge Meetings; SL makes notes on WT on transferrable database; NMA Skills building program via Psychiatric Consult Liaison Service (PCLS)

D-1

All WTB assets in place; WTB NCM handoff to Triad; Equipment p/u and set up in room

Discharge Day

WT picked up by SL, escorted to Abrams Hall and CO; Meet C2/M2 team.

D+1

Triad follows up with WTB BH assets, if needed. If WT admitted to Intensive Day Program, WT goes to Ward 53 for Intake Assessment and Evaluation

D+2

C2/M2 identified other training needs to SNCM and Chief, WTB SW; Additional training planned and implemented; As needed, can request POD meet with Warrior during on the weekend following discharge

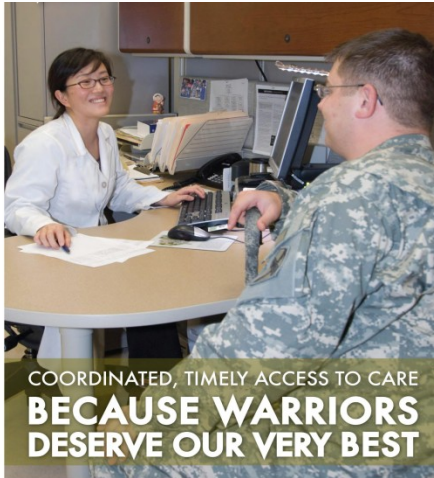
D+3

Follow up with WT SWS WT Assurance Visit by NCM/SL (OT if needed) to review lodging & safety

D+14

If WT admitted to Intensive Day Program, Ward 53 staff makes lodging assessment and NMA requirement re-evaluation. Adjust lodging and outpatient C2 safety plan based upon input. High Risk status updated based upon Ward 53 Staff and WTB Cadre assessments

Expectation Management It takes a Team...



Provider
s



Companies



Soldier and Family Assistance
 Center
 Job Fairs



Facilities
 Management

WARRIORS FIRST!
WARRIOR TRANSITION BRIGADE



Case Review – S/P IED Blast

- 22 y/o E4 S/P IED blast with the resulting injuries below the knee amputation, pelvic fracture, multiple soft tissue injuries, mild TBI
- Diagnosed with PTSD 6 months after arrival
- Warrior desired to remain on Active Duty
- Supportive family
- Key handoffs
 - Inpatient to outpatient
 - Family
 - Medical Board and the DES
 - Army level - Human Resources
 - New Command
 - MTF at new unit

Case Review – Behavioral Health

- 24 y/o E4 diagnosed with Mood Disorder while attending Advanced Individual Training (AIT). No deployment experience
 - After 2 unsuccessful suicide attempts was admitted to WRAMC's behavioral health inpatient ward.
 - Soon after discharge and return to unit, SM had 2 additional suicide attempts. Readmitted to WRAMC and admitted to WTB.
 - No supportive family located
 - Key Handoffs
 - Inpatient to Outpatient
 - Outpatient Providers
 - Medical Board
 - Community resources in new home location
 - VA

Case Review – S/P RPG Blast

- 35 y/o CPT S/P RPG Blast with the receiving injuries: Moderate to Severe TBI with cranioplasty, right arm amputation below the elbow (right hand dominate), and multiple soft tissue injuries.
- Dysfunctional family system
- Warrior wants to remain on Active Duty however unknown response to therapy at this time
- Key Handoffs
 - Inpatient to Outpatient
 - Outpatient providers
 - Medical Board
 - VA
 - Legal Assistance
 - Home Community